

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF Nathan Kevin Turner	COURT/CASE NUMBER 08cv0360 (W) (RBB)						
DEFENDANT J. Dreis, Detective	08 TYPE OF PROCESS SUMMONS AND COMPLAINT						
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN City of San Diego Police Department ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1401 Broadway, San Diego, CA 92101-5729 BY: <i>JP</i>						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<input type="checkbox"/> NATHAN KEVIN TURNER CALIFORNIA MEDICAL FACILITY POST OFFICE BOX 2000 VACAVILLE, CA 95696-2000							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>6</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>6</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285	6	Number of parties to be served in this case	6	Check for service on U.S.A.	
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Number of parties to be served in this case	6						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

If she is no longer a Detective for the San Diego Police Department Headquarters can accept service for this defendant because they have data where defendant can be located.

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT		

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>98</i>	District to Serve No. <i>98</i>	Signature of Authorized USMS Deputy or Clerk <i>Allen</i>	Date <i>5/7/08</i>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Chris Cameron Internal Affairs SDPD #4597</i>				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service <i>5/7/08</i> Time <i>1335 pm</i> Signature of U.S. Marshal or Deputy <i>T. J. Loveless 4132</i>	
Address (complete only if different than shown above)					
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund

REMARKS: